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Title: The relationship between job-anxiety and trait-anxiety – A differential diagnostic investigation with the Job-Anxiety-Scale and the State-Trait-Anxiety-Inventory

Short title: Job-anxiety and trait-anxiety

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Abstract

Job-related anxiety, in contrast to general trait-anxiety, is by its very nature associated with problems of participation at work. The aim of this study is to investigate the relation between general trait-anxiety and specific job-related anxiety and to examine whether job-anxiety and trait-anxiety are differently associated with sick leave. 190 inpatients of a psychosomatic and orthopedic rehabilitation center with mental and somatic disorders filled in the *Job-Anxiety-Scale (JAS)* and the *State-Trait-Anxiety-Inventory (STAI-T)*. Additionally, information on age, gender, the current duration of sick leave in weeks, employment status, duration of unemployment, and position at the workplace were collected.

Highest scores of job-anxiety were found for the JAS-dimensions "job-related worries" and "health anxieties", followed by "cognitions of insufficiency," "stimulus-related anxieties," and "social anxieties." JAS and STAI-T were significantly correlated. Job-anxiety, in contrast to trait-anxiety, was significantly related to duration of sick leave. Women showed higher scores on the STAI-T but not on the JAS.

It can be concluded that job-anxiety is related to but not identical with trait-anxiety. Job-anxiety is important to understand sick leave and appears as a multidimensional and clinically important phenomenon.

Keywords

Job-Anxiety; trait-anxiety; workplace phobia; anxiety disorders; sick leave

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1. Introduction

Anxiety is either stimulus-related or general in nature. It is seen in different features like panic attacks, phobic reactions, or worrying. According to the state-trait-anxiety model, the individual proneness for acute *(state-)*anxiety reactions is in part depending on the level of *trait-anxiety* (Lazarus, 1991; Spielberger, 1972; Spielberger, Laux, Glanzmann, & Schaffner, 1981). That means there should be a certain relation between trait-anxiety and specific types of stimulus-related state-anxiety.

One type of state-anxiety is the phenomenon *job-anxiety.* Job-anxiety is a stimulus-bound type of anxiety, i.e., it is related to and occurring in the workplace or when thinking of the workplace. The *workplace* is an important area in life and has great influence on a working person´s general wellbeing and health. The relation between characteristics of the workplace and mental as well as somatic health has been investigated in a number of studies (e.g., Brodsky, 1988; Bültmann, Kant, Kasl, Beurskens, & van den Brandt, 2002; Hasalm, Atkinson, Brown, & Haslam, 2005; Helge, 2001; Hobson & Beach, 2000; O´Brien, Terry, & Jimmieson, 2008).
It was found that the workplace can have a positive effect on wellbeing by giving social support, identification, and self-esteem (Sczesny & Thau, 2005). However, the workplace is also a place in life which is especially prone to provoke anxiety: There are standards and expectations which must be fulfilled and which can lead to anxiety of insufficiency. There is surveillance and sanctioning through superiors which can provoke specific social anxiety towards a superior. There are often rivalries between colleagues (Dormann, Zapf, & Isic, 2002; Zapf, Knorz, & Kulla, 1996) which can provoke fears of persecution. There can be harm to health due to dangerous substances or working conditions, or accidents (Laposa, Alden, & Fullerton, 2003; Limosin et al., 2006; Price, Monson, Callahan, & Rodriguez, 2005), which could provoke health-related anxiety. Some professions seem to be especially prone to special types of anxiety, e.g., performance anxiety in artists (Fehm &

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Schmidt, 2006), or posttraumatic stress reactions or burnout in health care professions (Laposa et al., 2003; Su et al., 2007; Turnipseed, 1998). Especially in leading positions, there are high responsibilities and work load, which could be imagined to result in overburdening (Hobson & Beach, 2000) and are therefore potentially anxiety provoking as well.
Summarizing, the workplace is a very complex potentially anxiety-provoking stimulus and therefore different types of anxiety can be provoked at the workplace (Linden & Muschalla, 2007).

An important feature of anxiety is that it can result in *avoidance behaviour* towards the anxiety-provoking stimulus. Job-anxiety can therefore lead to avoidance of the workplace by sick leave, work absenteeism, or early retirement (Haines, Williams, & Carson, 2002; Linden & Muschalla, 2007a; Muschalla, 2008). Clinical experiences in rehabilitation medicine and research on vocational reintegration management for employees with long time sick leave (DRV, 2007; Muschalla, Vilain, Lawall, Lewerenz, & Linden, 2009) also suggest that persons who suffer from job-anxiety try to avoid the workplace by presenting somatic complaints. In sum, job-anxiety is a psychological problem with high costs and therefore deserving more attention and research.

2. Statement of the problem and question of research

Systematic research on the relation of job-anxiety and trait-anxiety is rare until now.
There are only two studies with such a differential diagnostic approach carried out in psychosomatic patients (Linden & Muschalla, 2007b; Muschalla & Linden 2009) using structured interviews on workplace-related anxiety but no self-ratings.
Therefore an open question is how perceived job-anxiety is related to trait-anxiety, and whether these two forms of anxiety can or should be distinguished from each other.
According to the concept of trait-anxiety as a basis for state-anxiety emerging in

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specific situations (Spielberger, 1972), it can be expected that

- job-anxiety is correlated with trait-anxiety to a certain degree, but that
- the two forms of anxiety are differently related to work participation, because work participation is specifically related with the workplace.

In this present study, we assessed perceived job-anxiety and trait-anxiety in a mixed sample of patients treated in a rehabilitation hospital, as these samples are from their very nature especially suitable for an investigation on health-related workplace problems. This is the first study examining trait-anxiety on the one hand and specific job-anxiety on the other hand by means of self-rating instruments. It focuses on the basic phenomenology and differential diagnostic of anxiety syndromes.
Beside, some potential sociodemografic and work-related variables which might be related to job-anxiety are regarded. These are employment status, position at work, age and sex.

3. Method

3.1 Measures

For the assessment of perceived job-anxiety, the new self-rating *Job-Anxiety-Scale* (JAS; origin: Job-Angst-Skala; Linden, Muschalla, & Olbrich, 2008) was used. The *State-Trait-Anxiety Inventory* (STAI-T; Spielberger, Laux, Glanzmann, & Schaffner, 1981) was used to explore the degree of general anxiety, i.e. trait-anxiety.

The *Job-Anxiety-Scale* JAS is a self-rating scale designed to measure job-anxiety on different dimensions. It has 14 subscales which can be grouped in five main dimensions: Dimension (A) *Stimulus-related anxieties and avoidance behavior* includes the subscales (1) anticipatory anxieties

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with feelings of strain when being at the workplace or in anticipation of situations or events at the workplace (4 items), (2) phobic avoidance of work situations (5 items), (3) conditioned or posttraumatic anxiety (6 items), (4) global feelings of anxiety toward the workplace (2 items). Dimension (B) *Social anxieties* includes the subscales (5) interactional anxiety, i.e., fears whenever confronted with colleagues or superiors (9 items), (6) ideas of persecution and mobbing (5 items), (7) fears of exploitation (5 items). Dimension *(C) Health related anxieties* includes the subscales (8) hypochondriac anxieties and the idea that working conditions endanger health (5 items), (9) experience of panic or other somatic symptoms while being at work (3 items), (10) functional impairment, i.e., the fear that one´s own ill health impairs work performance (2 items). Dimension (D) *Cognitions of insufficiency* includes the subscales (11) feeling of insufficient qualification, overload, or lack in knowledge (9 items), and (12) fear of change or feelings of insecurity because of impending changes at the workplace (5 items). Dimension (E) *Job-related worries* includes the subscales (13) generalised worrying about minor matters concerning the workplace and the work itself (5 items), and (14) worries about the job security and future (5 items). The subscales and dimensions have been derived by factor analysis. Each item is rated on a Likert-scale: "0 = no agreement" to "4 = full agreement." A mean score can be calculated over all 70 items as a measure of general severity of job-anxiety. The mean score is a measure for the general degree of anxiety a person perceives at his/her workplace and reflects the sum of job-anxiety over the different dimensions. Furthermore, mean scores can also be calculated for each of the five dimensions and 14 subscales. Retest reliability was tested in clinical samples of psychosomatic, orthopedic and cardiac rehabilitation inpatients ($N = 611$; Linden et al., 2008, 2009; Muschalla, 2008). There were 7-10 days between filling in the questionnaire for the first and the second time. The reliability of the whole scale over the different samples was $r_{(tt)} = .82$. The scale has been validated with a structured interview on workplace-related anxieties as convergent validity criterion (Muschalla, 2008; Linden & Muschalla, 2007b), and furthermore with self-rating questionnaires (Muschalla, 2008), like the *Symptom-Checklist* SCL-90-R (Franke, 1995) ($r_{\text{JAS SCL dimension general anxiety}} = .427$) and

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subdimensions of the *Short-Questionnaire for Job-Anylysis* (original: KFZA; Prümper J, Hartmannsgruber, & Frese, 1995) ($r_{\text{JAS KFZA dimension social conflicts at work}} = .575$).

The *Job-Anxiety-Scale* is given to patients with the title "A questionnaire on workplace-related problems" which examines „situations, thoughts and feelings one can perceive at the workplace". Patients are asked to refer to their current or – if they are presently unemployed – to their last workplace. In case they presently have more than one workplace, they are asked to refer to the workplace which is most important for them and has most influence on their daily life and well-being.

The internationally known *State-Trait-Anxiety-Inventory* STAI-T measures the level of general anxiety in a person with 22 items, not referring to special situations and stimuli.

Additional sociodemografic and work-related variables - age, gender, the current duration of sick leave in weeks, employment status (employed or unemployed) or, if unemployed, the current duration of unemployment, the position at the workplace (leading position or no leading position) - were assessed by a self-report questionnaire.

3.2 Participants

190 inpatients from an orthopaedic and psychosomatic rehabilitation hospital, who were suffering from orthopaedic and / or mental disorders, were included in the study. These institutions treat patients who have been admitted because their illness has taken a chronic course, e.g., prolonged back pain or persistent anxiety disorders, or has caused prolonged periods of sick leave. The mixed sample was chosen in order to maximize variability of both mental and somatic loads as it is known that both mental and physical status have an impact on work productivity and functioning at the workplace (Dewa & Lin, 2000).

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72% of the participants were women. The average age was 49 years (*SD* = 8.6). 82% of the patients were employed, 17.5% were unemployed and one person on periodic pension. 57% of the participants came directly from their workplace into the hospital, 25% had been on sick leave before admission. The duration of unemployment varied between one and 58 months (*M* = 15.9, *SD* = 17.3), the duration of sick leave between two and 72 weeks (*M* = 7.15, *SD* = 13.6). 93% of the patients were employed as white-collar-workers, 2.5% were self-employed. 10% had middle and 5% a higher leading position.

3.3 Procedure

All patients of the orthopaedic and psychosomatic unit of the hospital were asked for participation. The investigation was done anonymous and participants were free to participate or not after having been informed that their answers were used for scientific purposes only.

Data were analyzed using SPSS-PC version 12.0. T-Tests for independent samples were used to investigate differences between groups. Adjustment to the p-value has been done to control for type I error. Pearsons linear correlations were carried out for the analysis of relations between interval variables. All statistical tests were two-sided and the alpha-level was set to be less than 0.05.

4. Results

4.1 Degrees of trait-anxiety and job-anxiety

The STAI-T the sum-score in all patients was 47.83 (*SD* = 13.16) (Table 1). As it can be expected in a clinical sample, the scores of both men and women were significantly higher than the scores of a healthy norm population in the age of 30-59 years (Spielberger et al., 1981). The mean score of the JAS (range 0 to 4) in all patients was 1.3 (*SD* = 0.89). The highest mean-score of the five JAS

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main dimensions was found in “job-related worries” (1.83, *SD* = 1.02), followed by “health-related anxieties” (1.68, *SD* = 1.16), “cognitions of insufficiency” (1.23, *SD* = 0.98), “stimulus-related anxieties” (1.1, *SD* = 1.05) and “social anxieties” (1.02, *SD* = 0.83).

[insert Table 1 about here]

4.2 Relation between trait-anxiety and job-anxiety

For all JAS-dimensions, JAS-subscales, and the JAS-mean-score, there were significant correlations with the STAI-T (Table 2). The JAS-subscales were correlated to the STAI-T score from *r* = .387** for “functional impairment” to *r* = .673** for “general cognition of insufficiency.”

4.3 Correlates of trait-anxiety and job-anxiety

The STAI-T shows a moderate negative correlation with age, whereas job-anxiety is independent of age (Table 1). Women show higher scores in trait-anxiety but no higher scores in job-anxiety (Table 2).

JAS-mean-score and almost all scores of subscales were significantly correlated (Table 2) with duration of sick leave, whereas there was no significant correlation between the STAI-T and sick leave duration. There was no correlation found between between duration of unemployment and anxiety, neither for trait-anxiety nor for job-anxiety.

[insert table 2 about here]

There were no differences in trait-anxiety or in any dimension of job-anxiety between persons with and without a leading position. Unemployed persons had significantly higher levels of trait-anxiety

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and job-anxiety, here especially in “anticipatory anxiety,” “social anxieties,” and “job-related worrying,” but not in “functional impairment” (Table 1).

5. Discussion

5.1 Relation between trait-anxiety and job-anxiety

The significant correlation between JAS and STAI-T shows that both scales measure a similar phenomenon, i.e., anxiety. However, there are differences in the degree of correlation between different subscales of job-anxiety and trait-anxiety. “Interactional anxiety,” “cognitions of insufficiency,” and “global anxiety towards the workplace” are higher correlated with trait-anxiety than e.g., “functional impairment,” “cognition of persecution,” or “hypochondriac tendencies.” This leads to the hypothesis that some dimensions of job-anxiety reflect more of trait-anxiety, while others are more specific for job features and therefore are not very strongly related to trait-anxiety.

According to the above mentioned model of state- and trait-anxiety (Spielberger, 1972; Spielberger et al., 1981), it could be assumed that a general high trait-anxiety level might function as a vulnerability factor for developing anxiety at the workplace as well.

It might also be possible that traumatic or stressful events at the workplace cause not only *job*-related anxiety, but also lead to increased anxiousness in general, i.e., that job-anxiety can generalize. The data are in line with other studies which have shown that there are patients with workplace-related anxiety only, but also patients with both workplace-related anxiety and conventional anxiety disorders which go beyond the workplace and affect other domains of live (Linden & Muschalla, 2007b; Muschalla, 2008). Differently from the present study, these studies investigated workplace-related anxiety and anxiety disorders from an observerrating perspective.

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When looking at different dimensions of job-anxiety, "worrying," and "health-related anxieties" seem to be predominant. The often discussed phenomenon of interpersonal conflicts or "mobbing" at the workplace, which is reflected under "social anxieties" in the JAS, seems to be of secondary importance. This is in line with other research which has shown that - beside psychosocial - there are also physical and organizational factors which can influence (mental) health problems at work (Voss, Floderus, & Diderichsen, 2001; DRV, 2007).

5.2 Correlates of job-anxiety

Although trait-anxiety and job-anxiety are related to each other, there are also differences. Trait-anxiety is significantly higher in women than in men, as can be expected from the literature (e.g. Kinrys & Wygant, 2005; Plaisier et al., 2007). However, this gender difference was not found for job-anxiety. This supports the assumption that job-anxiety is to a lesser degree person-dependent (i.e., "trait") and to a greater degree situation-dependent (i.e., "job-related").

Of interest is also that in both anxiety measures unemployed persons score higher than employed persons. This finding may lead to the assumption that there has already been a chronic course of anxiety development and a generalization leading to increased perception of anxiety and impairment in many domains of life. Similar findings are also known from other studies on the relation between health and employment status: Unemployment is related to chronic (mental) disorders and disability (Galvao, Watzke, Gawlik, Hühne, & Brieger, 2005; Scheid, 1993).

In comparison between persons with and without a leading position in their job no difference in the degree of job-anxiety was seen. This may lead to the idea that the perception of job-anxiety does not only depend on objective situative aspects like the job position, but also on the individual perception and meaning of the work environment for the person, and on coping strategies, own

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capacities (Hobson & Beach, 2000; Schaarschmidt & Fischer, 2001) and cognitions towards the job situation as being somewhat threatening or not.

5.3 Job-anxiety and trait-anxiety in relation to sick leave

The most important finding of this study is the differential relation of job-anxiety and trait-anxiety with sick leave and absenteeism. This suggests that both are not the same and that a differentiation is meaningful. Sick leave can be understood as a special job-related participation problem which is related to job-anxiety while it is independent from trait-anxiety. As is known from clinical observation, "sick leave" is in many cases an anxiety coping strategy, i.e. avoidance of the feared stimulus (DRV, 2007; Linden & Muschalla, 2007a).

There are also reports in the literature suggesting that prolonged work absenteeism is an indicator for job-anxiety, but not for anxiety in general: It has been found (Greenberg et al., 1999) that conventional anxiety disorders (which can be assumed not to be specifically related to the job) were rather associated with limitations in work performance, i.e., reduced productivity while being at work.

5.4 Limitations and prospect

Limitations of the study are that it is cross-sectional. Therefore it cannot be said whether job-anxiety is due to specific stimulus conditions at the workplace which then result in increased levels of trait-anxiety, or whether an increased trait-anxiety was followed by anxiety in the job. In further research prospective and longitudinal studies are needed.

Only self-reports of job-anxiety and trait-anxiety could be used here, no standardized interview on mental disorders was done.

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The study cannot give information on the epidemiology of respective anxieties, as the data are coming from a clinical sample of rehabilitation inpatients in which job-problems are overrepresented.

Individual coping strategies and personality aspects and their moderating effects on job-anxiety perception should be investigated in further research.

6. Conclusion

Job-anxiety is specific type of anxiety, and it is to a certain degree related to trait-anxiety. However, job-anxiety is a type of anxiety with special characteristics. It is differently distributed than trait-anxiety, e.g. in relation to gender, and differently associated with sick leave.

Job-anxiety, like anxiety as such, is a multidimensional phenomenon and appears in different phenotypes, like health-related anxiety, social anxiety, or cognitions of insufficiency. Different dimensions of job anxiety may have different meaning and consequences.

Job-anxiety has direct and more negative consequences than many other types of anxiety as it is especially related to work absenteeism. Therefore it is a costly type of anxiety and deserves more clincial and scientific attention.

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Table 1
Differences in degrees of self-reported trait-anxiety (STAI-T) and job-anxiety (JAS) subscales in rehabilitation inpatients (*N*=190). Group comparisons by T-Test for independent samples, with type I error correction. Means (Standard deviation). Level of Significance : *p<.05, **p<.01. ES = Effect size.

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Variable of comparison Dimensions of anxiety	Women (N = 142)	Men (N = 48)	T-Test *p* ES: Eta	With leading position (N = 31)	without leading position (N = 157)	T-Test *p* ES: Eta	Employed (N = 153)	Unemployed (N = 33)	T-Test *p* ES: Eta	All (N = 190)
STAI-T	49.5 (13.1)	42.0 (12.1)	.004** 0.57	48.55 (13.4)	47.64 (13.2)	.734 0.07	46.54 (12.27)	53.41 (16.35)	.039* 0.52	47.8 (13.2)
JAS Mean score	1.34 (0.9)	1.19 (0.9)	.321 0.17	1.34 (0.9)	1.29 (0.9)	.779 0.06	1.21 (0.8)	1.66 (1.1)	.030* 0.5	1.3 (0.9)
A	1.17 (1.1)	1.01 (1.1)	.374 0.15	1.33 (1.2)	1.1 (1.0)	.274 0.21	1.02 (0.9)	1.52 (1.3)	.045* 0.45	1.13 (1.1)
A1 Anticipatory anxiety	1.53 (1.2)	1.36 (1.2)	.389 0.14	1.65 (1.2)	1.47 (1.2)	.459 0.15	1.37 (1.1)	1.91 (1.4)	.045* 0.45	1.49 (1.2)
A2 Phobic avoidance	0.84 (1.0)	0.75 (1.1)	.624 0.09	1.02 (1.3)	0.77 (1.0)	.218 0.25	0.71 (0.9)	1.16 (1.3)	.065 0.45	0.81 (1.0)
A3 Conditioned anxiety	1.12 (1.2)	0.91 (1.0)	.160 0.18	1.14 (1.1)	1.09 (1.2)	.809 0.04	1.01 (1.0)	1.36 (1.4)	.192 0.29	1.09 (1.2)
A4 Global job-anxiety	1.21 (1.4)	0.89 (1.4)	.178 0.23	1.21 (1.5)	1.13 (1.4)	.789 0.06	0.99 (1.3)	1.6 (1.7)	.060 0.44	1.14 (1.4)
B	1.0 (0.8)	0.9 (0.9)	.371 0.13	1.13 (0.9)	0.99 (0.8)	.400 0.18	0.91 (0.7)	1.36 (1.2)	.004** 0.56	1.01 (0.8)
B5 Fear of exploitation	1.3 (1.0)	1.23 (1.0)	.678 0.07	1.44 (1.0)	1.24 (1.0)	.330 0.2	1.16 (0.9)	1.7 (1.3)	.029* 0.54	1.29 (1.0)
B6 Ideas of persecution	0.66 (0.9)	0.61 (0.9)	.753 0.06	0.80 (1.0)	0.63 (0.9)	.354 0.42	0.52 (0.8)	1.08 (1.4)	.031* 0.62	0.65 (0.9)
B7 Interactional anxiety	1.13 (0.9)	0.91 (1.0)	.173 0.24	1.14 (1.0)	1.06 (0.9)	.666 0.09	0.99 (0.8)	1.39 (1.2)	.071 0.44	1.08 (0.9)
C	1.72 (1.2)	1.57 (1.1)	.460 0.13	1.64 (1.2)	1.7 (1.2)	.819 0.05	1.6 (1.1)	2.05 (1.3)	.044* 0.38	1.69 (1.2)
C8 Hypochondriac anxiety	1.8 (1.4)	1.57 (1.4)	.330 0.16	1.64 (1.5)	1.76 (1.4)	.690 0.09	1.64 (1.4)	2.14 (1.5)	.066 0.36	1.74 (1.4)
C9 Panic or somatic symptoms	1.64 (1.2)	1.38 (1.1)	.175 0.22	1.66 (1.3)	1.56 (1.2)	.642 0.83	1.48 (1.1)	1.98 (1.5)	.075 0.42	1.58 (1.2)
C10 Functional impairment	1.77 (1.3)	2.07 (1.4)	.193 0.21	1.55 (1.2)	1.91 (1.4)	.174 0.26	1.81 (1.3)	2.08 (1.5)	.368 0.19	1.85 (1.4)
D	1.35 (1.0)	1.11 (0.8)	.149 0.24	1.13 (0.8)	1.32 (1.0)	.341 0.19	1.23 (0.9)	1.54 (1.1)	.095 0.31	1.29 (1.0)
D11 General cognition of insufficiency	1.39 (1.0)	1.05 (0.8)	.027* 0.34	1.13 (0.8)	1.33 (1.0)	.299 0.2	1.25 (1.0)	1.5 (1.2)	.194 0.25	1.3 (1.0)
D12 Fear of changes	1.29 (1.1)	1.18 (1.0)	.565 0.1	1.07 (0.9)	1.3 (1.1)	.307 0.21	1.18 (1.1)	1.63 (1.2)	.030* 0.41	1.27 (1.1)
E	1.83 (1.0)	1.83 (1.1)	.995 0.35	1.9 (1.0)	1.79 (1.0)	.588	1.7 (1.0)	2.34 (1.1)	.001** 0.64	1.83 (1.0)
E13 Worrying about minor matters	1.59 (1.2)	1.48 (1.2)	.581 0.09	1.79 (1.2)	1.50 (1.2)	.224 0.24	1.45 (1.2)	2.0 (1.2)	.017* 0.46	1.57 (1.2)
E14 Worrying about the future	2.06 (1.1)	2.17 (1.1)	.522 0.1	2.01 (1.0)	2.09 (1.1)	.732 0.07	1.96 (1.0)	2.67 (1.1)	.000** 0.65	2.09 (1.1)

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Table 2
Correlations of JAS dimensions and subscales and STAI-T with age and durations of absence from work in rehabilitation inpatients (*N*=190). Pearson correlation. Level of Significance: **p*<.05, ***p*<.01.

Notes.
Abbreviations of dimensions of anxiety: STAI-T State-Trait-Anxiety-Inventory Trait-scale. JAS-dimensions and subscales: A = Stimulus related anxiety and avoidance behaviour, B = Social anxieties, C = health related anxieties, D = Cognitions of Insufficiency, E = Job-related worries

Ratings and categories: STAI-T-items: 1-5. JAS Mean score = mean of all JAS-items. JAS-items: 0-4: is not true at all – is completely true. Duration of sick leave before rehabilitation: duration in weeks, if not on sick leave "0". Duration of unemployment before the stay: in weeks, if not unemployed "0".

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JAS Dimensions and Subscales	STAI-T	Age	Duration of sick leave	Duration of unem-ployment
A	.628**	.012	.245**	-.199
A1 Anticipatory anxiety	.602**	.054	.270**	-.113
A2 Phobic avoidance	.566**	-.069	.275**	-.219
A3 Conditioned anxiety	.538**	.029	.108	-.329
A4 Global anxiety towards the workplace	.580**	.003	.237**	-.221
B	.590**	-.107	.293**	-.093
B5 Fears of exploitation	.442**	-.132	.268**	-.098
B6 Ideas of persecution	.422**	-.094	.323**	-.090
B7 Interactional anxiety	.630**	-.079	.197*	-.078
C	.550**	.074	.308**	-.054
C8 Hypochondriac anxiety	.426**	.059	.354**	-.090
C9 Panic or somatic symptoms	.589**	.084	.225**	-.110
C10 Functional impairment	.387**	.036	.262**	.168
D	.649**	.057	.234**	-.051
D11 General cognition of insufficiency	.673**	-.001	.185*	-.060
D12 Fear of changes	.515**	.163	.242**	-.026
E	.656**	-.001	.215**	-.221
E13 Worrying about minor matters	.651**	.002	.188*	-.252
E14 Worrying about the future	.512**	-.007	.189*	-.160
JAS mean score	.687**	-.003	.294**	-.153
STAI-T		-.187*	.065	-.063

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